Approved for use through 04/30/2009. OMB 0651-0016

U.S. Patent and Trademark Office; U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

"FEE ADDRESS" INDICATION FORM

Address to:		Fax to:	
Mail Stop M Corresponde	ence	571-273-6500	
Commissioner for Patent			
P.O. Box 1450 Alexandria, VA 22313-145			
Alexanuna, VA 22313-1-	3U		
MOTEUCTIONS: The in-			
an address represented	isue fee must have been paid	for application(s) listed on this form. In addition, only	
purposes (hereafter, fee	an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to		
maintenance fees shou	uld be mailed to a different	address than the correspondence address for the	
application. When to o	check the first box below: I	If you have a Customer Number to represent the fee	
address. When to one	eck the second box below:	: If you have no Customer Number representing the	
desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining			
Procedure (MPEP) § 403.			
For the following listed application(a), places recognize as the "For Address" and a the side of the following listed application(a), places recognize as the "For Address" and the side of the following listed application (a), places recognize as the "For Address" and the side of th			
For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:			
✓ Customer Number:	021498		
l			
OR			
The attached Reques	ct for Customer Number (PTO	(CD/105) form	
The attached Request for Customer Number (PTO/SB/125) form.			
PATENT NUMBER		APPLICATION NUMBER	
(if known)			
7,283,521			
Completed by (check one):	:		
Applicant/Inventor		AM	
П приностантота.	Signature		
Attorney or Agent of record 32,271 David L. McCombs			
(Reg. No.) Typed or printed name			
	ne entire interest. See 37 CFR		
Statement under 37 CF	R 3.73(b) is enclosed.	Requester's telephone number	
(Form PTO/SB/96)			
Assignee recorded at Reel Frame			
-		Date	
NOTE: Signatures of all the inventors o	r assignees of record of the entire interest	or their representative(s) are required. Submit multiple forms if more that one	
signature is required, see below*.	forms are submitted.		
/ Total of 1	IVIIII3 uiv suoiiiittee.		

This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop M Correspondence, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.